

**A Survey of Opinions  
About the  
Acquisition and Use of Medical Information  
in the  
Workers' Compensation Claims  
Adjudication Process**

**Chapter 4**

Downloadable Version, Part 3 of 3

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### **G. General Observations on Claim Management**

The following tables report the results of the survey addressing what works well in information acquisition, areas in which the respondents reported they excelled, and general observations on claim management.

	What Works Well in Information Acquisition				
	Insurers	State Funds	Third Party Administered / Self Administered	Notes	
Q. 9					
Immediate telephonic contact	100%	40%	63%	24-48 h deadline suggested	
Focus on increasing RTW rate, speed	40%	40%	50%	RTW rates up to 85-90%	
RNs work with IW to hasten RTW	0%	0%	25%	Underreported	
Foster self-sufficiency	40%	20%	75%		
Working with Attending Physician	0%	0%	38%	Implied in other responses	
MD->MD contact	20%	20%	25%		
Decrease conflict	40%	40%	88%		
Decrease use of IMEs	60%	20%	50%		
Careful consideration of use of IMEs	20%	0%	0%	Implied in other responses	
Rely on science	40%	0%	0%		
Delegation to Managed Care Organizations	20%	20%	0%		
Imaging to share documents	40%	40%	0%	Also to increase access to documents	
Standard forms, medical records	0%	0%	25%	Implied in other responses	
Focus on caring for employee	0%	0%	38%		
Timely care management	0%	0%	38%	Implied in other responses	
Timely, curative treatment	0%	0%	13%		

Q. 10	We Excel in...in Information Acquisition				Notes	
	Insurers	State Funds	Third Party Administered / Self Administered			
15-30 day revisits/reviews	40%	0%	63%			
Understand complete history from file	40%	0%	63%		Implied in other answers	
Management based on medical records	0%	0%	63%		Look for pre-ex in old records	
Maximizing information obtained	0%	0%	25%		Search for old records	
Understand impact of injury on claimant	20%	20%	38%			
Physician to physician discussion	40%	20%	25%			
Immediate IME for causation	20%	0%	13%			
Identify, monitor medication use	0%	0%	25%		May hamper function, recovery	
Nurses collecting data from MDs using specific questions	20%	0%	0%			
Nurse-adjuster cooperation	0%	20%	0%			
Medical Director control	20%	20%	0%			
Use of guidelines	20%	0%	0%		Underreported	
Evaluate procedures v. function/repair	20%	0%	0%			
Training	20%	0%	0%			

Other Good Ideas for Claim Management
Unsolicited Comments
Separate centers, processes for Medical Only v. Temporary Disability claims
Include narrative or office notes with all bills for payment
All occ diseases should have IMEs at specialty centers
All psych claims should have IMEs at specialty centers
Look for pre-existing disease in records
Search for old records, doctors
Use standard medical progress report
Decrease case load to 50 Temporary Disability, 100 Medical Only per adjuster--much better management, lower cost
Feedback letters to Attending Physicians
Offer specialist treatment to those being treated by Family Practitioners--better care, faster Return to Work
Use web site with interactive forms
Have a translation service available
Use limited networks of providers with preagreed information requirements

## **H. Summary**

The medical directors, claims executives and regulators who responded to this comparative exercise felt that specific, timely information should be obtained from the attending physician whenever possible. Certain information is needed initially to establish work-relatedness, to establish a diagnosis and treatment plan, and to manage disability. In certain instances, additional information is required to prevent actions that may exacerbate or aggravate the reported health problem. As the case proceeds, data will be needed to assess the appropriateness and time course of treatment and activity modification. At closing, the care manager should assure that the claimant has reached maximal medical improvement, obtain information to rate permanent impairment, and forecast future medical needs if the case has not resolved or if the health problem is likely to recur. In all these cases, a cooperative attending physician was seen as the optimal source of the information.

Survey /Interview Guide  
Using Medical Information in the Claim Process

1. What type of medical information do you use to determine the following:  
(Please check all that apply and provide a brief explanation.)

- ☐ Work-relatedness or causation
- ☐ Treatment appropriateness
- ☐ The diagnosis is correct
- ☐ An impairment rating
- ☐ MMI
- ☐ Ability to work
- ☐ Medical necessity
- ☐ Physical restrictions
- ☐ Addressing newly contended diagnoses
- ☐ Resolving issues involving controversial diagnoses and treatments
- ☐ Establishing pre-injury status
- ☐ Other, please specify

2. What type of medical information do you use to determine the following in  
response to disputes: (Please check all that apply and provide a brief  
explanation.)

- ☐ Work-relatedness or causation
- ☐ Treatment appropriateness
- ☐ The diagnosis is correct
- ☐ An impairment rating
- ☐ MMI
- ☐ Ability to work
- ☐ Medical necessity
- ☐ Physical restrictions
- ☐ Addressing newly contended diagnoses
- ☐ Resolving issues involving controversial diagnoses and treatments
- ☐ Establishing pre-injury status
- ☐ Other, please specify



3. Are the means for making any of the following determinations required by statute or regulation?
- ☐ Work-relatedness or causation
  - ☐ Treatment appropriateness
  - ☐ The diagnosis is correct
  - ☐ An impairment rating
  - ☐ MMI
  - ☐ Ability to work
  - ☐ Medical necessity
  - ☐ Physical restrictions
  - ☐ Addressing newly contended diagnoses
  - ☐ Resolving issues involving controversial diagnoses and treatments
  - ☐ Establishing pre-injury status
  - ☐ Other, please specify
4. Are there any additional statutory requirements for obtaining and using medical information in claims adjudication?
5. Other than the adjuster/claims manager, who else plays a role in obtaining and using medical information?
6. What medical expertise is available to the adjuster/claims manager to assist in using medical information?
7. Please differentiate between when you would get a second opinion, when you would ask the treating/attending physician for more information, and when you would seek an IME.
8. How is medical information supplied to the adjuster/claims manager?
- ☐ Forms
  - ☐ Narrative reports
  - ☐ Phone
  - ☐ E-mail
  - ☐ Other

9. Do any of the above work especially well? Why? (Please provide examples.)
10. What two ways do you believe you excel in obtaining and using medical information in claims adjudication? Why or how?